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| State_Seal3DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)**Contracted Health and Safety Visit Report** |
| **Contracted Visit Information** |
| AGENCY NAME | DATE OF REPORT |
| AGENCY CASE MANAGER’S NAME | PHONE NUMBER (WITH AREA CODE) | EMAIL |
| **Child Information** |
| CHILD’S NAME | CHILD’S CA CASE ID NUMBER |
| PLACEMENT NAME AND LOCATION |
| WA DCYF WORKER’S NAME | PHONE NUMBER (WITH AREA CODE) | EMAIL |
| **Visit Information** |
| LOCATION OF VISIT | DATE OF MONTHLY VISIT |
| **Observations** |
| **Observations should include, but not limited to:**How does the child appear developmentally, physically and emotionally? |
| How do the caregiver / staff and the child respond to each other? |
| Does the child appear attached or bonded to the caregiver / staff? |
| The placement environment (when the visit occurs in the location where the child lives):* Free of safety concerns?
* Clean and well kept (general condition)?
* Are there locks and doors which prevent the child from leaving?
* Child’s room (is it developmentally appropriate in terms of space, furniture, décor, etc.)?
* Is the facility or household scheduled activities and routine posted and easily visible?

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| Other comments: |
| **Private Face to Face Conversations with a Verbal Child** |
| **Conversation with the child should include, but not limited to:**Is the child capable of reading, writing and using the telephone and have their case worker and contractor worker’s name, office address and phone number? Does the child have access to a phone or computer? |
| Does the child have monthly contact with their WA DCYF case worker? |
| **Relationship with caregivers:**1. Does the child feel safe in the placement or have any concerns?
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| 1. How does the caregiver provide safety and support to the child?
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| 1. How many staff generally work during a given shift? Are they actively involved with the youth, or doing their own thing?
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| **Daily routines:**1. What is this routine in terms of meals, school, activities, treatment and bedtime?
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| 1. How is the food and meals? Do they get enough to eat?
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| 1. What do they do for fun (friends, activities, hobbies, etc.)?
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| 1. What kind of activities is the youth involved in to support their ethnic, cultural and religious well-being?
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| 1. What type of chores is the youth required to do? What happens if youth refuses to do their chores? Do they receive an allowance or additional privileges for doing chores?
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| 1. What makes the child happy or sad?
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| 1. Have they been sick or injured since the last health and safety visit? What happened?
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| How is school going? Is the youth receiving applicable special education services? Are staff available to assist with homework if needed? |
| Does the youth have contact with their parents, siblings, or other family members? If so, how is this going? If not, why not? |
| **Discipline issues:**1. What are some of the rules of the home or facility that the youth?
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| 1. What are the consequences if the youth breaks a rule?
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| **Case Plan for the youth (including permanency planning):**1. What does the child know about the current plan?
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| 1. What do they want the adults to know in making future decisions?
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| 1. Is the youth involved in counseling or other treatment services? If so, how are those going? What progress are they making? What do they think should happen next in this area?
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| 1. Is the youth taking any medication? Do they have any concerns about this?
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| Other comments: |
| **Nonverbal Child** |
| **Observations with the nonverbal child should include, but not limited to:**Is the child developmentally, socially and emotionally on track? |
| How does the child appear physically? Do they appear to be of an appropriate weight, with good hygiene and are socially engaged? |
| Does the child’s living environment accommodate any special needs of the child? |
| How does the caretaker or staff respond to the child’s verbal and nonverbal cues? |
| Other comments: |
| **Summary** |
| Overall impressions of the safety and well-being of the child: |
| CONTRACTOR STAFF’S SIGNATURE DATE | CONTRACTOR STAFF’S PRINTED NAME |